



**Deborah A. Clayman**  
Licensing Director

**City of Chelsea**  
DEPARTMENT OF LICENSING,  
PERMITTING AND CONSUMER AFFAIRS  
City Hall, 500 Broadway  
Chelsea, Massachusetts 02150

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**INSTRUCTIONS FOR FILING**

**STATEMENT OF DISCONTINUANCE, CHANGE OF RESIDENCE,  
CHANGE OF LOCATION OF BUSINESS, OR WITHDRAWAL**

Complete applicable portion of *Statement of Discontinuance, Change of Residence, Change of Location of Business, or Withdrawal*, including business name, business address, Business Certificate filing date, full name, residence and signature. Please note that your *Statement of Discontinuance, Change of Residence, Change of Location of Business, or Withdrawal* must be notarized.

Return attached document to Deborah A. Clayman, Director, Licensing Department, City Hall, 500 Broadway, Chelsea, MA 02150, with the following:

- 1) Copy of Business Certificate;
- 2) Filing fee in the amount of \$10, payable to the City of Chelsea by check or money order only.

If you have any questions, please contact Deborah A. Clayman, Licensing Director, at 617-466-4160.

# CITY OF CHELSEA MASSACHUSETTS

## STATEMENT OF DISCONTINUANCE, CHANGE OF RESIDENCE, CHANGE OF LOCATION OF BUSINESS, WITHDRAWAL, OR DECEASED FROM BUSINESS OF PARTNERSHIP

\_\_\_\_\_, 20\_\_\_\_

In conformity with the provisions of chapter one hundred and ten, section five, of the General Laws, as amended, the undersigned hereby declare(s) that \_\_\_\_\_ has (have) this day discontinued (retired from) (withdrawn from) the business of

conducted at \_\_\_\_\_ Street in the City of Chelsea, as set forth in the Business Certificate filed in the Office of the Clerk of said City of Chelsea on \_\_\_\_\_  
(Business Certificate filing date)

Name

Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature(s):

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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I hereby state that the location of (the business) (my residence) as it appears on the Business Certificate of \_\_\_\_\_  
filed on \_\_\_\_\_ has been changed to \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

### COMMONWEALTH OF MASSACHUSETTS

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, the undersigned notary public, personally appeared \_\_\_\_\_, proved to me, through satisfactory evidence of identification, which was/were \_\_\_\_\_, to be the person(s) whose name is signed above, and swore or affirmed to me that the contents of the document are truthful and accurate to the best of his/her knowledge and belief.

\_\_\_\_\_  
NOTARY PUBLIC